# Practitioner's Docket No. MPI99-130P1RCN1M

**PATENT** 

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

White, David

Application No.:

10/666,807

011 1 10...

September 18, 2003

Filed: For: Group No.: Examiner:

COMPOSITIONS, KITS AND METHODS FOR PROGNOSTICATION,

DIAGNOSIS, PREVENTION AND TREATMENT OF BONE-RELATED DISORDERS AND OTHER DISORDERS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith for this application is/are:

- a. This Preliminary Amendment Transmittal (2 pages in duplicate); and
- b. Preliminary Amendment (3 pages).

## **STATUS**

2. Applicant is other than a small entity.

#### PETITION FOR EXTENSION OF TIME

		37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a	.y.
	CERTIFICATION UNDER 3	7 C.F.R. SECTIONS 1.8(a) and 1.10*	_
I herel	by certify that, on the date shown below, this correspon	dence is being:	
		IAILING an envelope addressed to the Commissioner for Patents, P.O. Box 37 C.F.R. SECTION 1.10*	
	with sufficient postage as first class mail.	as "Express Mail Post Office to Addressee" Mailing Label No	
10	TRA transmitted by facsimile to the Patent and Tradema	NSMISSION rk Office. (703) 872-0306 Signature	
Date:_	November 21, 2003	Diana Gentile (type or print name of person certifying)	

\*WARNING: Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing, 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Page 1 of 3)

# Practitioner's Docket No. MPI99-130P1RCN1M

Extension fee due with this request

\$ 0.00

If an additional extension of time is required, please consider this a petition therefor.

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY		
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate		Addit. Fee
Total	0	Minus	0	=	0	\$18.00	<del></del>	\$0.00
Indep.	0	Minus	0	-	0	\$86.00	=	\$0.00
First Presentation of Multiple Dependent Claims		0			\$290.00	=	\$0.00	
Chains	<del></del>					Total Addit Fee		\$0.00

Total additional fee for claims required

\$0.00

## **FEE PAYMENT**

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

#### **FEE DEFICIENCY**

- 6. If any additional extension and/or fee is required, charge Account No. 501668. If any additional fee for claims is required, charge Account No. 501668.
- 7. Correspondence Address

Direct all future correspondence to:

Customer Number 30405

OR

Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
75 Sidney Street

Cambridge, MA 02139

November 21, 2003

MILLENNIUM PHARMACEUTICALS, INC.

K rri Pollard Schray Registration No. 47,066

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(Page 2 of 2)

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Application No.:	10/666,807	Group No.:		
Filed:	September 18, 2003	Examiner:		
For: COMPOSITIONS, KITS AND METHODS FOR PROGNOSTICATION				
	DIAGNOSIS, PREVENTION AND TREATMENT OF BONE-RELATED			
	RDISORDERS			

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## PRELIMINARY AMENDMENT

Dear	Sir:
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Prior to examination, please amend the application as follows:

	CERTIFICATION UNDER 3	7 C.F.R. SEC	TIONS 1.8(a) and 1.10*			
I hereby	certify that, on the date shown below, this correspond	dence is being:				
	N	1AILING				
	deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
	37 C.F.R. SECTION 1.8(a)		37 C.F.R. SECTION 1.10*			
	with sufficient postage as first class mail.		as "Express Mail Post Office to Addressee" Mailing Label No.			
		NSMISSION	()			
Ø	X iana Certile					
		Signa	ture			
Date: November 21, 2003		Diana	Gentile			
-		(type o	or print name of person certifying)			

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